

NO INCOME STATEMENT

NAME OF PERSON CLAIMING NO INCOME: _____

SOCIAL SECURITY NUMBER: _____

TIME PERIOD WHERE I AM CLAIMING NO INCOME: FROM: _____ TO: _____

My last source of income was from: _____

The last job I held was with: _____

Address: _____ Phone: _____

I held this position for: _____ years / months / weeks

Reason for leaving: _____

I anticipate returning to work within the next 52 weeks. (choose) YES NO

If no, state reason: _____

I am able to pay my living expenses (food, clothing, transportation, etc.) by: _____

OR

My living expenses are paid by: _____

NAME: _____ PHONE: _____

ADDRESS: _____

Signature of person claiming no income

Date

HEAD OF HOUSEHOLD CERTIFICATION

I certify that, under the penalty of perjury that all information on the above No Income Statement is true to the best of my knowledge. If this statement is found to be inaccurate, any assistance provided will be immediately due and payable.

Signature of Head of Household

Date

Commonwealth of Massachusetts
Middlesex, ss

_____, 200__

Then personally appeared the above name _____
Who acknowledged the foregoing instrument to be his/her free act and deed before me.

Notary Public

My Commission Expires: _____